Labor Organization Officer and Employee Report



Form LM-30 (Rev. 1986)

U.S. Department ___abor Office of Labor-Management Standards

criminal prosecution, fines and civil penalties as pro			03860	14-0001 12/31/86
1. Name and address of person filing JOSEPH ZAREMBA 4369 RICHMOND STREET		2. Name and address of labor organization TEAMSTERS LOCAL NO. 623 4369 RICHMOND STREET		
PHILADELPHIA, PA 19137		PHILADELPHIA, PA		
3. Position in labor organization RECORDING SECRETARY Enter appropriate data below if, during the past fiscal year, you or your serests (except as specified in the exclusions set forth in the instructions)		2000 pouse or minor child direct	5. File number (if assigned) ly or indirectly had any of the follo	<i>U-1922</i> Dowing in-
Held an interest in, engaged in transactions (incluemployer whose employees your organization re	uding loans) with, or o	lerived income or other econ	omic benefit of monetary value fro	om an
6. Name of Employer			TOWN PIKE, SUITE 202	2
AMERICAN INCOME LIFE COMPANY		PLYMOUTH MEETING	, PA 19462	
7. Nature of Interest, Transaction or Income EFFECTIVE JUNE OF 1997, EMPLOYER DISMEMBERMENT INSURANCE POLICY. POLICY BY LETTER TO THE EMPLOYER B. Held an interest in or derived income or economic	TEAMSTERS LO	CAL NO. 623 REQU 1, 2000. (See F	JESTED CANCELLATION Attachment)	OF THE
from, selling or leasing to, or otherwise dealing w seeking to represent, or (2) any part of which con organization or with a trust in which your labor or	ith the business of an esists of buying from o	employer whose employees or selling or leasing directly	s your labor organization represents	s or is actively
8. Name of business		Address of business		
9. Business deals with-		10. If 9B or 9C is check	ed give trust or employer's name	
A. Labor Organization B. Trust	C. Employer			
11. Nature and approximate dollar value of such deali	ngs		D) E B E I APR 3 0 20	W E D
12. Nature of interest held or income received			USDOL/ESA OLMS/DOE/SRE	
C. Received from any employer (other than an emp any payment of money or other thing of value	oloyer covered under p	parts A and B above) or from	m any labor relations consultant to	an employer
13. Name and address of employer or	consultant	14. Nature of payment	40	
IF MORE SPACE	E IS NEEDED AT	TACH ADDITIONAL S	SHEETS	
 Signature and verification - The undersigned de the attachments incorporated therein or referred correct and complete. 				
Signed: Joseph Zmend	Mat 4369 RICH	MOND STREET	on	
	City PH	LADELPHIA	State PA	Date

JOSEPH ZAREMBA TEAMSTERS LOCAL NO. 623

ATTACHMENT TO FORM LM-30, Labor Organization Officer & Employee Report

Effective June of 1997, American Income Life Company (an employer) provided at no charge a \$1,000 accidental death and dismemberment insurance policy to the Executive Board and Members of Teamsters Local No. 623.

Teamsters Local No. 623 permitted a mailing to its' members from American Income Life Company for the purpose of selling additional insurance coverage to the members at a cost. The expenses of the mailing were paid for entirely by American Income Life Company.

Teamsters Local No. 623 requested cancellation of the policies provided to persons on the Executive Board by letter to American Income Life Company dated July 11, 2000.

No claim was filed and no money was received on any policy for coverage on persons on the Executive Board of Teamsters Local No. 623.

